## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # S09827

(4)

Corporation Name

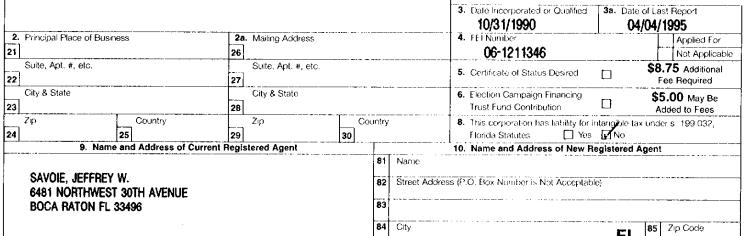
**BOCA RATON FL 33496** 

J-W-S CONSULTANTS, INC.

Principal Place of Business	
6481 NORTHWEST 30TH AVENUE	

Mailing Address

6481 NORTHWEST 30TH AVENUE BOCA RATON FL 33496



11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.

SIGNATURE .	Signature, types or printed name of registered agent and	title if any cable (NO	lE: Bogistered Aport signature required	x1 which reinstating DA1E
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1. 1 TITLE	Change Addition
NAME	SAVOIE, JEFFREY W.		1.2 NAME	
STREET ADDRESS	6481 NW 30TH AVE.		1.3 STREET ADDRESS	
CITY - SI - ZIP	BOCA RATON FL 33496		1.4 CITY - ST- ZIP	
TITLE	D	☐ DETE1F	2 1 TITLE	Change Addition
NAME	SAVOIE, MARIA I.		2.2 NAME	
STREET ADDRESS	6481 NW 30TH AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY - \$* - 7IP	
TITLE	D	☐ DELETE	3 1 TITLE	Change Addition
NAME	SAVOIE, WILLIAM S.		3.2 NAME	
STREET ADDRESS	6481 NW 30TH AVE.		3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL		3 4 CITY - ST - ZIP	
TITLE	D	DELETE	4, 1 TITLE	Change Addition
NAME	SAVOIE, JEFFREY M.		4.2 NAME	
STREET ADDRESS	2108 BRIDGEWOOD DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	
TITLE		□ DELETE	5 1 TITLE	Change Addition
NAME			5.2 NAME	
STREE1 ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY-ST-7iP	
TITLE		☐ DELETE	6 1 TITLE	Change Addition
NAME			6.2 NAME	
STHEE1 AUDRESS			6.3 STREET ADDRESS	
CITY_ ST_7ID			CARITY PL TID	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 1, or on an attachment with an address.

SIGNATURE:

BIGNATURE OF TYPING PROPERTY NAME OF SIGNING OFFICER OR DIRECTO

3-20-96 Butne From \*

CR2E034 (12/95)